COVER PAGE

Recipient Committee			Date Stamp		CALIFORNIA ARD
Cover Page	÷				FORM 100
	Statement covers period	Date o		0	1 06 5
	from 10/23/2016	(Month, Day, Year)			r Official L
SEE INSTRUCTIONS ON REVERSE	through 12/31/2016	11/03/2020			
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	ttees - Complete Parts 1, 2, 3, and 4.	2. Type of Statement:			
<ul> <li>Officeholder, Candidate Controlled Committee</li> <li>State Candidate Election Committee</li> </ul>	Primarily Formed Ballot Measure Committee	<ul><li>X Preelection Statement</li><li>Semi-annual Statement</li></ul>		Quarterly Statement     Special Odd-Year Report	tement Year Report
() Recall (Also Complete Part 5)	○ Controlled ○ Sponsored	Termination Statement (Also file a Form 410 Termination)	ermination)	Statementa Statement - A	Supplemental Preelection ころいます Statement - Attach Form 49年。
General Purpose Committee	(Also Complete Part 6)	X Amendment (Explain below)	elow)		
Sponsored Small Contributor Committee Dolitical Party/Central Committee	Officeholder Committee (Akso Complete Part 7)	per FPPC inquiry correct loan	rect loan		UL 31
3. Committee Information	L.D. NUMBER	Treasurer(s)			ERK'S AN
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)		NAME OF TREASURER			
Mike Cordero for Council 2020		Trent Benedetti			12 0F
		MAILING ADDRESS			
		2151 S College Dr Ste 101	101		19 CE
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
2151 S College Dr Ste 101		* Santa Maria	CA	93455	(805) 922-4881
CITY STATE	ZIP CODE AREA CODE/PHONE	VE NAME OF ASSISTANT TREASURER, IF ANY	RER, IF ANY		
Santa Maria	93455 (805)922-4881	181			

4. Verification

OPTIONAL: FAX / E-MAIL ADDRESS

arybee@aol.com

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

AREA CODE/PHONE

ZIP CODE

STATE

MAILING ADDRESS

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AREA CODE/PHONE

ZIP CODE

STATE

CIT√

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

OPTIONAL: FAX / E-MAIL ADDRESS

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Executed on	Date	â
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Executed on		BV
	Date	

Agnature of Controlling-Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent

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ndidate, State Measure Proponent
Signature of Controlling Officeholder, Ca

|--|

5. Officeholder or Candidate Controlled Committee	nittee	6. Primarily Formed Ballot Measure Committee	Measure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Mike Cordero					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF City Council Member	ICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
BUSINESS ADDRESS (NO. AND STREET)	STATE	Identify the controlling offic	Identify the controlling officeholder, candidate, or state measure proponent, if any.	measure pro	onent, if any.
1324 Ruby Ct. Sa	Santa Maria CA 93454	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	IDATE, OR PROPONENT		
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	tatement: List any committees or are primarily formed to receive andidacy.	OFFICE SOUGHT OR HELD	SIG	DISTRICT NO. IF ANY	<u> </u>
COMMITTEE NAME	I.D. NUMBER	•			
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Cand officeholder(s) or candidate(s)	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	mittee List n marily formed.	ames of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	OR HELD	SUPPORT OPPOSE
CITY STATE ZIP (	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	INDIDATE OFFICE SOUGHT OR HELD	OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	ANDIDATE OFFICE SOUGHT OR HELD	OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?  ☐ YES ☐ NO	NAME OF OFFICEHOLDER OR CANDIDATE	INDIDATE OFFICE SOUGHT OR HELD	OR HELD	SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	BOX)				
CITY STATE ZIP (	ZIP CODE AREA CODE/PHONE	Attac	Attach continuation sheets if necessary	essary	

ement	
Disclosure State	/ Page
<b>Campaign</b>	Summary

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA 460 Statement covers period

10/23/2016 FORM 10	n 12/31/2016 Page 3 of 5	I,D. NUMBER	1390966	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections	1/1 through 6/30 7/1 to Date	20. Contributions Received \$	<u>s</u>	Expenditure Limit Summary for State Candidates	22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Date of Election Total to Date (mm/dd/yy)		s	*Amounts in this section may be different from amounts reported in Column B.			
from –	through			Column B CALENDAR YEAR TOTAL TO DATE	\$ 11,500.00	\$ 11,525.00	\$ 11,525.00	\$ 3,037.45	0.00	0.00	\$ 3,037.45		To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous subtracted from previous		any).	
				Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	00.00	00.00	0.00	\$ 1,678.80	0.00	00.00	\$ 1,678.80		\$ 10,166.35 0.00 0.00 1,678.80	0.00	0.00	200
					Schedule A, Line	TONS Add Lines 1 + 2	Schedule C, Line 3 EIVEDAdd Lines 3 + 4	Schedule E, Line 4	Schedule H, Line 3 Machines 6 + 7	(a) (b) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	11. TOTAL EXPENDITURES MADEAdd Lines 8 + 9 + 10		12. Beginning Cash Balance	EDSchedule B, Part 2	utstanding Debts See instructions on reverse	19. Outstanding Debts Add Line 2 + Line 9 in Column B above
	SEE INICEDITATIONS ON DEVEDSE	NAME OF FILER	Mike Cordero for Council 2020	Contributions Received	1. Monetary Contributions	<ol> <li>Loans Received</li> <li>SUBTOTAL CASH CONTRIBUTIONS</li> </ol>	Nonmonetary Contributions	Expenditures Made 6. Payments Made	7. Loans Made8. SUBTOTAL CASH PAYMENTS	_	11. TOTAL EXPENDITURES MADE	Current Cash Statement	12. Beginning Cash Balance	17. LOAN GUARANTEES RECEIVED	Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instruc	19. Outstanding Debts

FPPC Advice: advice@fppc.ca.gov (866/275-3772) www.fppc.ca.gov

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

CALIFORNIA ARD	FORM ST	Page of5	I.D. NUMBER
Statement covers period	10/23/2016	12/31/2016	
Stateme	from	through	

1390966

SCHEDULE E

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. Mike Cordero for Council 2020

	campaign paraphemalia/misc. campaign consultants Contribution (explain nonmonetary)* Civic donations PET per	MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks	RAD radio a RFD returne SAL campa TEL t.v. or TRC candid	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals
--	--	---	--	--

CNS	campaign consultants	MTG	MTG meetings and appearances	Æ	returned contributions
CTB	contribution (explain nonmonetary)*	OFO C	office expenses	SAL	campaign workers' salaries
SSC	_	H	petition circulating	旦	<ul><li>t.v. or cable airtime and production costs</li></ul>
		웊	phone banks	ESC.	candidate travel, lodging, and meals
2	fundraising events	전	polling and survey research	TRS	staff/spouse travel, lodging, and meals
S	independent expenditure supporting/opposing others (explain)*	80	postage, delivery and messenger services	TSF	TSF transfer between committees of the same cand
E	legal defense	8	professional services (legal, accounting)	VOT	voter registration
5		PRI		WEB	WEB information technology costs (internet, e-mail)

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of the same candidate/sponsor

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID, NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Santa Maria Times 3200 Skyway Drive Santa Maria, CA 93455	PRT		1,117.00
Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455	PRO		199.50

SUBTOTAL \$ 1,623.70	ents that are contributions or independent expenditures must also be summarized on Schedule D.
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PRO

Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455

307.20

# Schedule E Summary

3	00.00
1. Itemized payments made this period. (Include all Schedule E subtotals.)	2. Unitemized payments made this period of under \$100

0.00	578.80
40	1,
	TOTAL \$
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

Schedule E

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.) Ŋ ۵, CALIFORNIA FORM Page 5 I.D. NUMBER Statement covers period 10/23/2016 through 12/31/2016

1390966

from (Continuation Sheet) Payments Made

Mike Cordero for Council 2020 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail) campaign workers' salaries t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airlime and production costs CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment returned contributions SAL SAL TRC TRS TRS TRS TRS TRS TRS WEB postage, delivery and messenger services professional services (legal, accounting) polling and survey research meetings and appearances member communications petition circulating office expenses phone banks print ads A PRO PET SER fundraising events independent expenditure supporting/opposing others (explain)\* contribution (explain nonmonetary)\* campaign literature and mailings campaign paraphernalia/misc. candidate filing/ballot fees campaign consultants civic donations legal defense O. 

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I,D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Benedetti & Associates, CPA INC. 2151 S College Dr Ste 101 Santa Maria, CA 93455	PRO		55.10
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Schedule D.	SUBTOTAL \$	\$ 55.10

						COVERPAGE	#1 #1
Recipient Committee Campaign Statement Cover Page				Date Stamp		CALIFORNIA 460 FORM	
(Government Code Sections 64200-642 (6.5)	Statem	Statement covers period	Date of election if applicable:		Page	1. of 7	
	from	09/25/2016	(Month, Day, Year)			r Official L	
SEE INSTRUCTIONS ON REVERSE	through	10/22/2016	11/03/2020				-
1. Type of Recipient Committee: All Committees - Complete Parts 1,	es - Complete Parts 1	, 2, 3, and 4.	2. Type of Statement:				ĺ
Officeholder, Candidate Controlled Committee     State Candidate Election Committee     Recall     (Also Complete Part 5)	Primarily Form Committee Controlled Sponsored	Primarily Formed Ballot Measure Committee Controlled Sponsored	Preelection Statement     Semi-annual Statement     Termination Statement     (Also file a Form 410 Termination)	ermination)	Ouarterly Sta Special Odds	Special Odd-Year Report— Supplemental Prefection— Statement Attach Form (95)	RE
General Purpose Committee	(Also Complete Part 6)    Primarily Formed Candidate/ Officeholder Committee	ق) ed Candidate/ مسسن <del>اtee</del>	Amendment (Explain below) per FPPC inquiry correct loan	elow) rect loan	Ol V		CE
Small Contributor Committee     Political Party/Central Committee	(Also Complete Part 7,	17				ĖΨ	IVE
3. Committee Information	1.D. NUMBER 1390966		Treasurer(s)			12	ED
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Mike Cordero for Council 2020			NAME OF TREASURER			49 FICE ARI	ĺ
			MAILING ADDRESS			4	1
			2151 S College Dr Ste 101	101			
STREET ADDRESS (NO P.O. BOX)			CITY	STATE	ZIP CODE	AREA CODE/PHONE	ļ <sub>ų</sub>
2151 S College Dr Ste 101			Santa Maria	C.	93455	(805)922-4881	381
CITY	ZIP CODE	AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	RER, IF ANY			
Santa Maria	93455	(805)922-4881					1
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	R P.O. BOX		MAILING ADDRESS				

#### 4. Verification

OPTIONAL: FAX / E-MAIL ADDRESS

arybee@aol.com

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

AREA CODE/PHONE

ZIP CODE

STATE

CITY

AREA CODE/PHONE

ZIP CODE

STATE

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OPTIONAL: FAX / E-MAIL ADDRESS

Date Signature of Controlling Officeholder, Candidate, State Measure Proponent  Signature of Controlling Officeholder, Candidate, State Measure Proponent	Executed on TX4-17  By W. K. Class Measure Proponent or Responsible Officer of Signature of Controlling Officerolder, Candidate, State Measure Proponent or Responsible Officer of Signature of Controlling Officerolder, Candidate, State Measure Proponent or Responsible Officer of Signature of Controlling Officerolder, Candidate, State Measure Proponent or Responsible Officero	Executed on 7.15.m By Signature of Treasurer of Assistant Treasurer
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Officeholder or Candidate Controlled Committee	te Controlled Commit	ttee	6. Primarily Formed Ballot Measure Committee	Measure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE		NAME OF BALLOT MEASURE			
Mike Cordero OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF City Council Member	JDE LOCATION AND DISTRICT	r number if Applicable)	BALLOT NO. OR LETTER	JURISDICTION	us O	SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)		(b)	Identify the controlling office	Identify the controlling officeholder, candidate, or state measure proponent, if any.	easure pro	onent, if any.
1324 Ruby Ct.	San	Santa Maria CA 93454	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	IDATE, OR PROPONENT		
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	t Included in this Stat hat are controlled by you or ures on behalf of your canc	tement: List any committees rare primarily formed to receive didacy.	e OFFICE SOUGHT OR HELD	DISTR	DISTRICT NO. IF ANY	<u>}</u>
COMMITTEE NAME		I.D. NUMBER		_		
NAME OF TREASURER	7	CONTROLLED COMMITTEE?	<ul> <li>7. Primarily Formed Cand officeholder(s) or candidate(s)</li> </ul>	Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.	ittee List n arily formed.	ames of
COMMITTEE ADDRESS ST	STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	ANDIDATE OFFICE SOUGHT OR HELD	R HELD	SUPPORT OPPOSE
CITY	STATE ZIP CODE	DDE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	ANDIDATE OFFICE SOUGHT OR HELD	R HELD	SUPPORT OPPOSE
COMMITTEE NAME		I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	INDIDATE OFFICE SOUGHT OR HELD	R HELD	SUPPORT
NAME OF TREASURER		CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	R HELD	SUPPORT
COMMITTEE ADDRESS ST	STREET ADDRESS (NO P.O. BOX)	(xc				
CITY	STATE ZIP CODE	ODE AREA CODE/PHONE		Attach continuation sheets if necessary	sary	

tement	
Disclosure Sta	age
Campaign	Summary P

Amounts may be rounded

SUMMARY PAGE Statement covers period

Summary Page	to whole dollars.	fro	Statement covers period 09/25/2016	CALIFORNIA 460
		through	10/22/2016	Page3 of7
NAME OF FILER				I.D. NUMBER
Mike Cordero for Council 2020				1390966
Contributions Received	Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both the General Elections	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
Monetary Contributions	\$ 11,500.00	\$ 11,500.00	17 th	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 +	\$ 11,500.00	\$ 11,525.00	20. Contributions Received	\$
4. Nonmonetary Contributions	\$ 11,500.00	\$ 11,525.00	21. Expenditures Made \$	<b>⇔</b>
Expenditures Made 6. Payments Made	1,358,65	1,358.65	Expenditure Limit Summary for State Candidates	Summary for State
7. Loans Made Schedule H, Line 3	0.00	0.00	2100 CC	Committee Proposed Section Mandat
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 1,358.65	1,358.65	(If Subject to	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)schedule F. Line 3	-1,245.00	0.00	Date of Election	Total to Date
10. Nonmonetary Adjustmentschedule C, Line 3	00.00	00.00	(mm/ad/yy)	
11. TOTAL EXPENDITURES MADEAdd Lines 8+9+10	\$ 113.65	\$ 1,358.65		\$
Current Cash Statement				\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 25.00	To calculate Column B. add		
13. Cash Receipts Column A, Line 3 above	11,500.00	amounts in Column A to the	:	
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	from Column B of your last	*Amounts in this section in reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	1,358.65	report. Some amounts in Column A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 10,166.35	figures that should be		
If this is a termination statement, Line 16 must be zero.		period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	00.00	from Lines 2, 7, and 9 (if any).		
Add Line 2	\$ 25.00			
				500 Eorm 460 / Jon/2046

Schedule A Monetary Contributions Received

Amounts may be rounded to whole dollars.

Statement covers period CALIFICATION 09/25/2016 FOI through 10/22/2016 Page

riod CALIFORNIA 46
FORM Page 4 of 7
1.D. NUMBER
1.390966

SCHEDULE A

Mike Cordero for Council 2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

DATE RECEIVED 10/05/2016	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTERLD. NUMBER)  SEIU Local 620 114 Vine Street Santa Maria, CA 93454  Grow Elect (ID# 1342160) 1022 G St Ste B Sacramento, CA 95814	CONTRIBUTOR CODE * CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYER SS)  OF BUSINESS)	RECEIVED THIS PERIOD 10,000.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) (IF 10,000.00 G2016	PER ELECTION TO DATE (IF REQUIRED) G2016 \$10,000.00
		IND COM OTH PTY				

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# Schedule A Summary

- S ..... 1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.)
- S 2. Amount received this period – unitemized monetary contributions of less than \$100
- 3. Total monetary contributions received this period.

\*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

00.0

11,500.00

11,500.00

11,500.00

SUBTOTAL \$

#### Payments Made Schedule E

Amounts may be rounded to whole dollars.

7 of CALIFORNIA I.D. NUMBER FORM Page 5 1390966 Statement covers period 09/25/2016 10/22/2016 through from \_

SCHEDULE

If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment CODES:

meetings and appearances member communications campaign paraphernalia/misc. O. CNS

Mike Cordero for Council 2020

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

contribution (explain nonmonetary)\* campaign consultants

candidate filing/ballot fees fundraising events civic donations S S S 금운

campaign literature and mailings legal defense 25

independent expenditure supporting/opposing others (explain)\*

radio airtime and production costs campaign workers' salaries returned contributions

t.v. or cable airlime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals RAD SAL SAL TEL TRS TRS VOT WEB

transfer between committees of the same candidate/sponsor voter registration

postage, delivery and messenger services professional services (legal, accounting)

print ads

polling and survey research

petition circulating office expenses phone banks information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IFCOMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Linda Cordero 1342 Ruby Ct. Santa Maria, CA 93454	CMP	paid for yard signs	1,245.00

# \* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL\$** 

1,245.00

# Schedule E Summary

- 113.65 1,245.00 6 ₩ Itemized payments made this period. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100
- 00.0 6 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)..............
- 1,358.65

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) FPPC Form 460 (Jan/2016) www.fppc.ca.gov SCHEDULEF

## Accrued Expenses (Unpaid Bills) Schedule F

Amounts may be rounded to whole dollars.

٩ ا CALIFORNIA FORM 9 Page \_\_\_ Statement covers period 09/25/2016 through 10/22/2016 from\_

7

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1390966 t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals radio airtime and production costs payment, you may enter the code. Otherwise, describe the payment. campaign workers' salaries returned contributions SAL SAL TRS 压防 polling and survey research meetings and appearances member communications petition circulating office expenses phone banks If one of the following codes accurately describes the 유투독학정정 contribution (explain nonmonetary)\* Mike Cordero for Council 2020 campaign paraphernalia/misc. candidate filing/ballot fees campaign consultants fundraising events civic donations CODES: CNS > = 된

transfer between committees of the same candidate/sponsor

information technology costs (internet, e-mail)

voter registration

NOT WE

postage, delivery and messenger services

independent expenditure supporting/opposing others (explain)\*

campaign literature and mailings

legal defense

245

professional services (legal, accounting)

print ads

00.0 BALANCE AT CLOSE OF THIS PERIOD OUTSTANDING 1,245.00\$ 1,245.00 (c)
AMOUNT PAID
THIS PERIOD
(ALSO REPORT ON E) \$00.0 00.0 AMOUNT INCURRED THIS PERIOD 1,245.00\$ 1,245.00 OUTSTANDING BALANCE BEGINNING OF THIS PERIOD SUBTOTALS \$ CODE OR DESCRIPTION OF PAYMENT CMP paid for yard signs \* Payments that are contributions or independent expenditures must also be NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 93454 Santa Maria, CA Linda Cordero 1342 Ruby Ct.

summarized on Schedule D.

# Schedule F Summary

INCURRED TOTALS \$ accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)....... 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

00.0

1,245.00

- \* PAID TOTALS accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ... Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on
- on the Summary Page, Column A, Line 9.) 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

www.fppc.ca.gov FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) FPPC Form 460 (Jan/2016)

### Payments Made by an Agent or Independent Contractor (on Behalf of This Committee) Schedule G

Amounts may be rounded to whole dollars.

SCHEDULE of, CALIFORNIA Page 7 FORM I.D. NUMBER Statement covers period through 10/22/2016 09/25/2016 from

1390966

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Mike Cordero for Council 2020

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Linda Cordero

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment

office expenses petition circulating phone banks

meetings and appearances member communications campaign paraphemalia/misc.

campaign consultants <u>₽</u>

contribution (explain nonmonetary)\*

candidate filing/ballot fees civic donations

fundraising events

2 EB 2

independent expenditure supporting/opposing others (explain)\* legal defense

campaign literature and mailings

polling and survey research 

postage, delivery and messenger services professional services (legal, accounting) print ads

transfer between committees of the same candidate/sponsor campaign workers' salaries t.v. or cable airtime and production costs staff/spouse travel, lodging, and meals candidate travel, lodging, and meals returned contributions RAD SAL SAL TEL TRC TRS TRS TRS WEB

radio airtime and production costs

information technology costs (internet, e-mail) voter registration

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GSP Graphic Screenprinting Production, Inc. 1804 Afton Street Houston, TX 77055	CMP			1,245.00
	i	1		

Attach additional information on appropriately labeled continuation sheets.

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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1,245.00

47

**TOTAL\*** 

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ER PAGE

Alaminat Committee					COVER PAGE
Campaign Statement Cover Page			Date Stamp	CALIFORI	CALIFORNIA 460
(GOVEILINGIN CODE SECUCIS 04ZU0-04Z 10.3)	Statement covers period from 01/01/2016	Date of election if applicable: (Month, Day, Year)		Page 1	1 of 5 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through 09/24/2016	11/03/2020		_	
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.	omplete Parts 1, 2, 3, and 4.	2. Type of Statement:			
	Primarily Formed Ballot Measure Committee Controlled Sponsored	Preelection Statement     Semi-annual Statement     Termination Statement     Also file a Form 410 Termination)	igi Giri	Quarterly Statement  Special Odd-Year Report Supplemental Preelection Subment	eport ection
General Purpose Committee	(Also Complete Part 6)		0		
tee nmittee	Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)	per FPPC inquiry correct loan	t loan	CITY (	RE 7 - UL
				F	(3)
3. Committee Information	I.D. NUMBER 1390966	Treasurer(s)		ERI SA	CE 1
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Mike Cordero for Council 2020	0	NAME OF TREASURER Trent Benedetti		('S (	IVI PM
		MAILING ADDRESS		)FI	12
		2151 S College Dr Ste 101	Ę.	FIC	)
STREET ADDRESS (NO P.O. BOX)		CITY	STATE		AREA GODE/PHONE
2151 S College Dr Ste 101		Santa Maria	Ą	93455	(805)922-4881
CITY STATE ZIP CODE	ODE AREA CODE/PHONE	NAME OF ASSISTANT TREASURER, IF ANY	IF ANY		
Santa Maria CA 93455	55 (805) 922-4881				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	вох	MAILING ADDRESS			

#### 4. Verification

OPTIONAL: FAX / E-MAIL ADDRESS

arybee@aol.com

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

AREA CODE/PHONE

ZIP CODE

STATE

CITY

AREA CODE/PHONE

ZIP CODE

STATE

CITY

OPTIONAL: FAX / E-MAIL ADDRESS

By M.K. Signature of Treasurer or Assistant Treasurer  By Signature of Controlling Officeholder, Candidate, State Measure Proporett or Respon	BySignature of Controlling Officeholder, Candidate, State Measure Proponent	ByS gnature of Controlling Officeholder, Candidate, State Measure Proponent
Executed on 725.0 Date Executed on 7.74-17 Date	Executed on Date	Executed on Date

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Officeholder or Candidate Controlled Committee	nmittee	6. Primarily Formed Ballot Measure Committee	t Measure Committee		
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE			
Mike Cordero					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member	TRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	জ ট 	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	STATE	Identify the controlling officeholder, candidate, or state measure proponent, if any.	ceholder, candidate, or sta	ite measure pro	ponent, if any.
Ruby Ct.	ud	NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	DIDATE, OR PROPONENT		
Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.	Statement: List any committees ou or are primarily formed to receive candidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	\ V
COMMITTEE NAME	I.D. NUMBER				
NAME OF TREASURER	CONTROLLED COMMITTEE?	<ol> <li>Primarily Formed Candidate() for which this committee is primarily formed.</li> </ol>	for which this committee is	minittee List i primarily formed.	names of
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	ANDIDATE OFFICE SOUGHT OR HELD	SHT OR HELD	SUPPORT OPPOSE
STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	ANDIDATE OFFICE SOUGHT OR HELD	ЭНТ ОК НЕСБ	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?    YES   NO	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	O. BOX)				
STATE	ZIP CODE AREA CODE/PHONE	Attac	Attach continuation sheets if necessary	ecessary	
SIAIE		Attac	th continuation shee	ts if n	ts if necessary

sure Statement	
Disc	age
ampaign	ummary P
U	U)

Amounts may be rounded to whole dollars.

SUMMARY PAGE CALIFORNIA 460 Statement covers period

Schilliary Fago	to whole dollars.	from	01/01/2016	FORM 400
SEE INSTRUCTIONS ON REVERSE		through.	09/24/2016	Page 3 of 5
NAME OF FILER				I.D. NUMBER
Mike Cordero for Council 2020				1390966
Contributions Received	Column A TOTALTHS PERIOD (FROMATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Sum Running in Both th General Elections	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections
1. Monetary Contributions	\$ 0.00	\$ 0.00	1/1#	1/1 through 6/30 7/1 to Date
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 +	\$ 25.00	\$ 25.00	20. Contributions Received	69
4. Nonmonetary Contributions	\$ 25.00	\$ 25.00	21. Expenditures Made \$	6 <del>7</del>
Made	6	6	Expenditure Limit Summary for State	Summary for State
Loans Made	9			# 1
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	0.00	0.00	ZZ. CUMUIATIV (if Subject to	(if Subject to Voluntary Expenditure Limit)
9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3	1,245.00	1,245.00	Date of Election	Total to Date
10. Nonmonetary Adjustment	00.00	0.00	(mm/dd/yy)	
11. TOTAL EXPENDITURES MADEAdd Lines 8+9+10	1,245.00	\$ 1,245.00		€9
Current Cash Statement				\$
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ \$	To calculate Column B, add		
13. Cash Receipts Column A, Line 3 above	25.00	amounts in Column A to the		
14. Miscellaneous Increases to Cash Schedule I, Line 4	0.00	from Column B of your last	*Amounts in this section n reported in Column B.	*Amounts in this section may be different from amounts reported in Column B.
15. Cash Payments Column A, Line 8 above	0.00	report. Some amounts in Column A may be negative		
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	5 \$ 25.00	figures that should be		
If this is a termination statement, Line 16 must be zero.		period amounts. If this is		
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	00.00	for this calendar year, only carry over the amounts		
Cash Equivalents and Outstanding Debts 18. Cash Equivalents	0.00	from Lines 2, 7, and 9 (if any).		
7	e \$ 1,270.00			
				FPPC Form 460 (Jan/2016

							SCE	SCHEDULE B - PART 1
Schedule B – Part 1	Απι	Amounts may be rounded	nnded		Statement covers period	irs period	CALIFORNIA	037
Loans Received		to whole dollars.	ů		from 01/01	01/01/2016	FORM	400
				-				
SEE INSTRUCTIONS ON REVERSE				-t	through 09/24	09/24/2016	Page 4	of 5
NAME OF FILER							I.D. NUMBER	
Mike Cordero for Council 2020							1390966	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTE, ALSO ENTER ID, NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELFEMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(9) CUMULATIVE CONTRIBUTIONS TO DATE
				□ PAID				CALENDAR YEAR
				\$	9	RATE %	ь	\$ PER ELECTION**
TO THE COM COTH PTY SCC		69-	b9-	49	DATE DUE	64	DATE INCURRED	₩
				□ PAID				CALENDAR YEAR
				\$	wh	RATE	₩	S PER ELECTION ***
T IND COM OTH PTY SCC		99	8	₩	DATE DUE	8	DATE INCURRED	S
				□ PAID				CALENDAR YEAR
				\$	es	RATE %	69	\$ PER ELECTION **
† IND □ COM □ OTH □ PTY □ SCC		<u>ч</u>	47	69	DATE DUE	₩	DATE INCURRED	₩
		SUBTOTALS \$	₩		6	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line 3)		
1. Loans received this period				9	25.00			
(Total Column (b) plus unitemized loans of less than \$100.)	s of less than \$100.)					₽ P	†Confributor Codes	
2. Loans paid or forgiven this period				€	0.00		IND – Individual COM – Recipient Committee	nmittee
(Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	) paid or forgiven.) : are also itemized on Sche	dule A.)					(other than PTY or SCC) OTH – Other (e.g., business entity)	TY or SCC)

\*Amounts forgiven or paid by another party also must be reported on Schedule A. \*\* If required.

SCC - Small Contributor Committee

SCHEDULEF

## Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

Statement covers period CALIFORNIA 46(
from 01/01/2016
through 09/24/2016
Page 5 of 5

SEE INSTRUCTIONS ON REVERSE			through 09/24/2016	Ole Page	5 of 5
VAME OF FILER				I.D. NUMBER	BER
Mike Cordero for Council 2020				1390966	99
CODES: If one of the following codes accurately describes the CMP campaign paraphernalia/misc.  CNS campaign consultants  CNS campaign consultants  CNC civic donations  FIL candidate filing/ballot fees  FIL candidate filing/ballot fees		payment, you may enter the code. Otherwise, describe the payment.  RAD radio airtime and production communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) with the discrepance of the payment.  RAD radio airtime and production capacitime and productions returned contributions SAL campaign workers' salaries trun cable airtime and productions TEL t.v. or cable airtime and productions TRC candidate travel, lodging, and research TRS staff/spouse travel, lodging, and lodging, an	nerwise, describe the paymer RAD radio airtime and production RAD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, an TRS transfer between committee VOT voter registration WEB information technology costs	, describe the payment. radio airlime and production costs returned contributions campaign workers' salaries t.v. or cable airlime and production costs candidate travel, lodging, and meals staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)	s ne candidate/sponsor mail)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D., NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Linda Cordero 1342 Ruby Ct. Santa Maria, CA 93454	signs	00.0	1,245.00	0.00	1,245.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	\$0.00\$	1,245.00\$	\$00.00	1,245.00

# Schedule F Summary

- 1,245.00 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for
- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

00.0

NET \$ 1,245.00 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)

FPPC Form 460 (Jan/2016)
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